

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012913

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3054 Registrar's No. 123

STATE FILE NUMBER

FILED APR 3 1963

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre, Mo</u> | | c. CITY OR TOWN <u>Flat River, Mo</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hospital.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>23 Houser, St.</u> |
| 3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Carl</u> Last <u>Barnett</u> | | 4. DATE OF DEATH Month <u>Mar</u> Day <u>25</u> Year <u>1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>June 6 1905</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u> | 11. BIRTHPLACE (City and state or country) <u>Bonne Terre, Mo.</u> |
| 13a. FATHER'S NAME <u>John Barnett</u> | | 13b. MOTHER'S MAIDEN NAME <u>Emma Anderson.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>8</u> | |
| 17. INFORMANT <u>Mrs Edith Barrett.</u> | | Address <u>Flat River</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute cardiac failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <u>Arteriosclerotic heart disease</u> DUE TO (b) <u>hypertension</u> DUE TO (c) <u>Recent pneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day.</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Recent pneumonia</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>9:58</u> a.m. <u>A</u> Month, Day, Year <u>March 1, 1963</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>Flat River, Mo</u> | |
| 21. I attended the deceased from <u>March 1, 1963</u> to <u>March 25, 1963</u> and last saw him alive on <u>March 23, 1963</u> Death occurred at <u>9:58 A</u> m. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE <u>J. L. Foster</u> (Degree or title) <u>M.D.</u> | |
| 22b. ADDRESS <u>Desloge, Mo</u> | | 22c. DATE SIGNED <u>3-27-63</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3-27-1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Herrard Cemetery.</u> | |
| 23d. LOCATION (City, town, or county) <u>Desloge, Missouri.</u> | | 23e. DATE RECD. BY LOCAL REG. <u>March 27, 1963</u> | |
| 24. FUNERAL DIRECTOR <u>Caldwell Funeral Home</u> | | 26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u> | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

4-17-63

Barnett

Barnett

313a, 1417

4-17-63

Blank

494-05-6158

16

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF James director

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Donald Dale Caldwell

Licensed Embalmer No.

5095

P. O. Address

Flat River, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.